

1 **BEFORE THE ARIZONA MEDICAL BOARD**

2 In the Matter of

3 **DIEGO G. CARDENAS, M.D.**

4 Holder of License No. 19750
5 For the Practice of Allopathic Medicine
6 In the State of Arizona.

Board Case No. MD-06-0055A

**FINDINGS OF FACT,
CONCLUSIONS OF LAW AND ORDER**

(Letter of Reprimand)

7 The Arizona Medical Board ("Board") considered this matter at its public meeting on
8 February 7, 2007. Diego G. Cardenas, M.D., ("Respondent") appeared before the Board with
9 legal counsel Carolyn Armer Holden for a formal interview pursuant to the authority vested in the
10 Board by A.R.S. § 32-1451(H). The Board voted to issue the following Findings of Fact,
11 Conclusions of Law and Order after due consideration of the facts and law applicable to this
12 matter.

13 **FINDINGS OF FACT**

14 1. The Board is the duly constituted authority for the regulation and control of the
15 practice of allopathic medicine in the State of Arizona.

16 2. Respondent is the holder of License No. 19750 for the practice of allopathic
17 medicine in the State of Arizona.

18 3. The Board initiated case number MD-06-0055A after the investigation of another
19 physician revealed Respondent's possible unprofessional conduct in his care and treatment of a
20 thirty-one year-old pregnant patient ("RL"). RL presented to the emergency room on September
21 13, 2003 complaining of migraine headache and decreased fetal movement. Respondent's
22 evaluation revealed RL's symptoms included chills and he noted her to have an ill appearance.
23 Fetal movement was evaluated by monitoring, which showed a reactive test. RL was afebrile with
24 a temperature of 96.2, tachycardic and had an abnormal urinalysis. Respondent treated RL with
25 Demerol and Phenergan for the migraine headache and discharged her. RL returned to the

1 emergency room the next day complaining of dysuria, frequency, flank pain, fever and chills. RL
2 was found to be in septic shock due to pyelonephritis. RL was admitted to the hospital, but died
3 on September 18, 2003 from septic shock, pyelonephritis secondary to Klebsiella pneumonia.

4 4. Respondent is currently employed as a family practice physician and no longer
5 works in emergency medicine. According to Respondent, although chills normally represent the
6 presence of infection, RL said the chills were part of her migraine symptoms. RL's chills could
7 have been involuntary muscle contractions of the body's attempt to raise the body temperature in
8 response to a stress, such as infection or sepsis. RL's expected date of confinement was
9 December 30, 2003 and she reported decreased fetal movement. Decreased fetal movement is a
10 red flag for a patient at RL's stage of gestation.

11 5. Respondent documented that RL "started with chills and flu-like symptoms.
12 Positive nausea. No vomiting." Respondent did not order a complete blood count, but did order
13 fetal monitoring to document how the baby was doing, and a urinalysis to check for the presence
14 of proteinuria. Respondent ordered the urinalysis as a clean-catch urine. The urinalysis had
15 white cells too numerous to count and had 10 to 15 epithelial cells and many bacteria.
16 Respondent concluded from the urinalysis that RL did not have early preeclampsia and that the
17 urine was contaminated because RL had no symptoms of urinary tract infection. Generally, a
18 pregnant patient with an asymptomatic urinary tract infection is at higher risk for complications
19 than a non-pregnant patient.

20 6. Respondent was taught that from an obstetric standpoint the treatment of an
21 asymptomatic urinary tract infection in pregnancy is based on the urine culture, not on the
22 urinalysis. A well-respected text on emergency medicine¹ states a urinary tract infection in a
23 pregnant patient poses special problems that, if left untreated, the asymptomatic bacteria may
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25 ¹ The text the Board is referring to is authored by Judith E. Tintinalli, M.D., M.S., and is entitled *Emergency Medicine: A Comprehensive Study Guide*.

1 progress to symptomatic urinary tract infection and pyelonephritis. The text also states this is the
2 single area in which the treatment of asymptomatic bacteria is indicated.

3 7. Respondent's training in emergency medicine consisted of a lot of overlap
4 between his training in family medicine and his training in emergency medicine. In addition,
5 Respondent has experience, mainly through the United States Air Force, in working in emergency
6 departments and he has certifications in Advanced Cardiac Life Support, Advanced Trauma Life
7 Support, and Pediatric Advanced Life Support. Respondent believed RL's urine was
8 contaminated because of his training that clean-catch urines were not to be trusted for
9 determining the presence or absence of bacteriuria. Respondent was responsible for doing what
10 was reasonable and prudent to resolve the issue of a lab test that may be abnormal, but he
11 thought may be contaminated. Respondent did not believe RL had a urinary tract infection
12 because she had no flank tenderness, no suprapubic tenderness, no complaints of dysuria,
13 frequency – all the things she had the next day. When the result of a test yields several
14 possibilities – contamination versus urinary tract infection – Respondent has a responsibility to
15 resolve the issue. Respondent believes he resolved it by getting a CAT specimen. The standard
16 in the emergency room is to do a quick in-and-out catheter to obtain an accurate urine specimen.
17 Respondent believed he had no reason to obtain such a specimen.

18 8. RL was tachycardic with a normal blood pressure when she presented to the
19 emergency room, but by the time Respondent got to her cardiac examination and listened to her
20 heart rate, the tachycardia had resolved and he documented in the record that she had no
21 tachycardia and her heart sounds were normal. According to Respondent, RL was on a monitor
22 that took her blood pressure and her heart rate once per hour. Monitoring strips are not part of the
23 record and Respondent does not know what happened to them. The nurse's intake note
24 documents RL's heart rate in the 120s – abnormal. Pain, stress, anxiety, fever and hypotension
25 can cause an abnormal heart rate and RL had fever. It is not typical for a patient who is

1 experiencing a severe migraine to have a heart rate in the 120s simply due to pain. An
2 emergency room physician has an obligation to address abnormal vital signs either in follow-up or
3 some other fashion. Respondent believed he addressed the abnormal vital signs when he
4 documented RL's heart rate was normal when he examined her. However, Respondent did not
5 document what RL's heart rate was when he examined her. He simply circled "normal" on her
6 chart. Respondent's discharge diagnosis was "migraine improved."

7 9. The standard of care for a pregnant patient who reports decreased fetal
8 movement, presents with chills, sweats, tachycardia, is documented as ill-appearing and has an
9 abnormal urinalysis and abnormal vital signs requires the physician to perform further evaluation.

10 10. Respondent deviated from the standard of care when he did not further evaluate
11 RL's abnormal urinalysis and abnormal vital signs.

12 11. RL's diagnosis of urinary tract infection was delayed ultimately leading to the
13 demise of RL and her fetus.

14 12. A physician is required to maintain adequate medical records. An adequate
15 medical record means a legible record containing, at a minimum, sufficient information to identify
16 the patient, support the diagnosis, justify the treatment, accurately document the results, indicate
17 advice and cautionary warnings provided to the patient and provide sufficient information for
18 another practitioner to assume continuity of the patient's care at any point in the course of
19 treatment. A.R.S. § 32-1401(2). Respondent's records do not meet this standard.

20 **CONCLUSIONS OF LAW**

21 1. The Arizona Medical Board possesses jurisdiction over the subject matter hereof
22 and over Respondent.

23 2. The Board has received substantial evidence supporting the Findings of Fact
24 described above and said findings constitute unprofessional conduct or other grounds for the
25 Board to take disciplinary action.

3. The conduct and circumstances described above constitutes unprofessional conduct pursuant to A.R.S. § 32-1401(27)(e) ("[f]ailing or refusing to maintain adequate records on a patient"); and A.R.S. § 32-1401(27)(q) ("[a]ny conduct or practice that is or might be harmful or dangerous to the health of the patient or the public.").

ORDER

Based upon the foregoing Findings of Fact and Conclusions of Law,

IT IS HEREBY ORDERED:

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| Respondent is issued a Letter of Reprimand for delay in diagnosis and treatment of a pregnant patient with bacteriuria and for inadequate medical records. | | |
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RIGHT TO PETITION FOR REHEARING OR REVIEW

Respondent is hereby notified that he has the right to petition for a rehearing or review. The petition for rehearing or review must be filed with the Board's Executive Director within thirty (30) days after service of this Order. A.R.S. § 41-1092.09(B). The petition for rehearing or review must set forth legally sufficient reasons for granting a rehearing or review. A.A.C. R4-16-103. Service of this order is effective five (5) days after date of mailing. A.R.S. § 41-1092.09(C). If a petition for rehearing or review is not filed, the Board's Order becomes effective thirty-five (35) days after it is mailed to Respondent.

Respondent is further notified that the filing of a motion for rehearing or review is required to preserve any rights of appeal to the Superior Court.

DATED this 14th day of April 2007.

THE ARIZONA MEDICAL BOARD

By TIMOTHY C. MILLER, J.D.
Executive Director



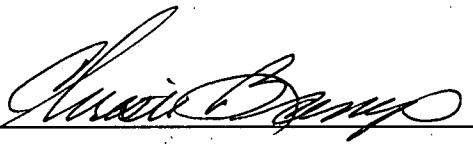
1 ORIGINAL of the foregoing filed this
2 11th day of April, 2007 with:

3 Arizona Medical Board
4 9545 East Doubletree Ranch Road
5 Scottsdale, Arizona 85258

6 Executed copy of the foregoing
7 mailed by U.S. Mail this
8 11th day of April, 2007, to:

9 Carolyn Armer Holden
10 Holden & Armer, P.C.
11 6101 South Rural Road – Suite 118
12 Tempe, Arizona 82583-2910

13 Diego G. Cardenas, M.D.
14 Address of Record

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